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BULLETIN
AMERICAN COLLEGE of SURGEONS

VOL. VIII DECEMBER, 1924 NO. 3

FELLOWSHIP ADDRESS
REPORT OF THE DIRECTOR-GENERAL
FINANCIAL STATEMENT

AMERICAN COLLEGE OF SURGEONS
40 EAST ERIE STREET :: :: CHICAGO

STORAGE

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AMERICAN COLLEGE OF SURGEONS

THE YEARS BETWEEN[1]

By W. W. CHIPMAN, M.D., F.A.C.S., Montreal, Canada

THE fellowship address of this College confers a great honor, but it also entails a great responsibility. There is always the price to pay. I thank you for this honor, even though I am face to face with the inevitable obligation. I recall to mind the many distinguished men whom you have honored in this way, and I thank you on my own behalf, on behalf of McGill University, and the country which I represent.

The present is but our twelfth convocation, though that November day in Chicago, in 1913, our first convocation, seems such a long time ago. The world has traveled far in the last 11 years; nearly half of these, the years of an actual Armageddon. In the history of mankind, they have been written as stricken and saddened years —a veritable carnival of waste—and there is revealed as yet no adequate recompense. And these have been the first years—the childhood years—of the American College of Surgeons.

History has shown us long ago that collective life, the life of any nation or of any polity, large or small, even as that of the individual himself, passes of necessity through the stages of childhood, of youth, full vigor, and of senescence. So the days of our years have been numbered, for ourselves as for any society, the daytime of our achievement. And we do well to be mindful of these years.

The American College of Surgeons stands at the Gateway of Youth, with the years of its childhood behind it; and this Gateway is the first milestone, if you like, of its long life-journey. I propose tonight to say something of these childhood years, to take stock, as it were, of this first stage of the journey; and I shall indicate also some of the problems that immediately confront us. Very rightly have we been told that the future is but the past entered through another door, and so I designate what I have to say as "The Years Between."

May I remind you that, while I have been identified with the Executive of this College through the greater part of its life—I had the honor of being its first vice-president—I stand altogether in the position of the friendly neighbor. A great personal friend from Missouri frequently reminds me that, as a Canadian, I inhabit merely the chill subarctic fringe of God's Own Country. Accordingly, my remarks will naturally be clothed in a Northern, if not in a polar, phraseology; but, by very reason of this distance, they may evince perhaps an additional perspective. Most assuredly, they must not be considered of the nature of an *Apologia;* for what is written is written.

And now what are the assets of these years, and what of the work that we have already accomplished?

How distinctly we remember that the College was organized in May, 1913, by 450 of our prominent surgeons. At this beginning we organized ourselves, and were really not unlike the famous blacksmith who, suspending himself by the waistband with one hand, was yet able to work with the other. However, we soon got our feet upon the ground, and both hands free for service, as now there are 67 honorary Fellows, and 6,583 ordinary Fellows of the College. These honorary Fellows include many of the most distinguished surgeons in all the world, and, so far as I know, no one, however distinguished, has declined this honor. The ordinary Fellows belong almost entirely to the Western Hemisphere: namely, North and South America, and the Islands of the adjacent Seas.

The government of this College of the Western Hemisphere is no small, or light, undertaking. It is vested, you remember, in 150 Governors, 16 Regents, and 5 Officers; and to implement these, an Executive Committee of 7, 4 of whom are Regents, while three officers of the College sit *ex officio.* The United States Army and the United States Navy, and the sixteen surgical associations and societies of North America, nominate 30 members of our Governing Board.

I mention these familiar facts merely to emphasize the compact, yet representative, nature of our government. Sir Harold Stiles, in his Fellowship address in Philadelphia, in 1921, described this governing machinery as a "power-

[1] Fellowship Address, delivered at the Twelfth Convocation of the American College of Surgeons, New York, October 24, 1924.

ful 'thought-organization,' capable of originating and carrying out an enlightened and far-reaching policy."

The College already occupies a dignified home in the city of Chicago, thanks to the generosity of a group of its citizens, both lay and professional. The John B. Murphy Memorial Building, with its Memorial Hall, its growing Library and Literary Research Department, is a conspicuous and handsome addition to the home of our College.

We already enjoy an Endowment Fund of $622,000, duly invested in gilt-edged securities.

The activities of the College may be realized by the mere mention of the several Committees, and the work already undertaken.

There is, first, the Credentials Committee together with a sub-committee for each State, Republic, Province, or Dominion; and associated with these, an active and hard-worked Committee on History Reviews. These committees adjudge each candidate for fellowship. And I need not tell you that their work is onerous, somewhat thankless and exacting.

Hospital Standardization has been from the beginning a large and important part of the College work; and the wide field of its activities is the many and multiform hospitals of this great country. This sustained and successful effort has truly been a gigantic task. From the first, the College was impelled to this undertaking by the fact that all applicants for fellowship were required to submit, as part of their examination, a number of their own case reports. These applicants naturally turned to their hospital records, only to find, not infrequently that these records, if not altogether wanting, were fragmentary and incomplete. This individual demand for case records was really the initial cause of the movement; but, as the years have passed, the idea of hospital betterment has grown and developed, and has now come to include not only the matter of records, but the inevitable sequence of staff organization and improved laboratory service. In this way, a hospital standard has been evolved, variously adapted, as you know, to embrace teaching and non-teaching hospitals, the so-called "closed" or "open" ones, and those both large and small. This standard represents a requirement that is really within the reach of all hospitals, and it has come to be known in the college terminology as a "Minimum Standard."

It is impossible, I think, to overestimate the value of this work and the good that will accrue. Assuredly there was a large, a disjointed, and a somewhat ramshackle house to put in order. Good case records imply the same guarantee of good work in a hospital as good bookkeeping does in any business. And woe to the hospital or business where no such books are kept. It is quite true that the "Minimum Standard" still remains low, but 11 years, be it remembered, is but a beginning, and even as any other vertebrate, a hospital must creep before it walks.

In a very true sense, a hospital may be considered as the measure of any civilization, not only for a community or a city, but even for a people. How do we treat the sick and the afflicted? Are we in any practical way our brother's keeper?—and we need not be altogether ashamed of the answer. I am proud to say that our hospitals show a manifest and growing ambition to elevate their standard, to be included and retained with the elect. And this feeling is as strong in Canada as in the State of Illinois; in California as in New York. Movement is a law of life, and the urgent concern of the College is to ensure that this movement proceed in the right direction. We cannot stand still. Our present standard is only "a minimum," and the very name implies a possible progress toward higher and better things.

The labor already directed toward this end has been enormous, and has comprised seven annual surveys of the 100-bed hospitals in the United States and Canada—we began with these—three surveys of the 50- to 100-bed hospitals, and the first survey of the 35- to 50-bed hospitals. Of these 2,366 hospitals, 1,427 have already been "approved," and in them there were treated during the past year 4,558,840 patients. However, even with our minimum standard, the work is not complete, for 34.1 per cent of our hospitals, more than one-third, remain still "unapproved."

Speaking of Operations (you may remember the book), I wonder if you will agree that this country of ours endures an abundance of surgical ministration, that it is "over-surgicalized," if I may coin the expression. Bernard Shaw somewhat unkindly remarks that there is a fashion in operations as there is in sleeves and skirts. In all conscience, quantity we have, whereas for our bodies' health and integrity, it is rather quality that counts. The urgent need, I take it, is not for more, but rather for less; and that this less of our surgical service should be more carefully trained and selected. And this represents our College requirement. Good surgery is a difficult, a responsible, and a painstaking business.

The annual Congress and Convocation, and the various Sectional Meetings, represent the public activities of the College throughout the year. By this means our College becomes, in a

general way, articulate. We live in a country of great distances, and it is the Sectional Meetings, either state or provincial, that serve most effectively to unify us, to bind the separated communities together. During the year 1923, some 22 of these sectional meetings were held, 8 of them in Canada. The organization and the conduct of these meetings pertain always to the local men, who, under the aegis of the College, are often stimulated and encouraged more completely to find themselves.

The growing affiliation with Latin-America deserves special mention. Four official visits have already been made, and our College has been strengthened by the addition of 16 honorary Fellows and 198 ordinary Fellows, selected from the surgeons of these several countries. Already the College is Pan-American in something more than name.

There is every reason why our College should soon become a national clearing-house in the matter of surgical practice and achievement. It is only in such a general way that we can adjudge the sound measures of treatment, and assay the value of any new method or discovery. With all our many schools and societies, there is great need of a final Court of Appeal, or some such general tribunal. A beginning has already been made by the College in the appointment of several special committees, composed of men distinguished in their respective lines of work. The following are the subjects at present being studied, each by its own committee: (1) Treatment of Malignant Diseases by Radium and X-Ray; (2) Treatment of Fractures; (3) Standardization of Clinical Laboratories and (4) Registry of Bone Sarcoma. Such work is unobtrusive, yet it represents a sound beginning to a national service.

The official journal of the College is SURGERY, GYNECOLOGY AND OBSTETRICS, one of the best publications in the medical world, and this valuable asset the College may later inherit.

May I now be spared a word for the amenities? The first convocation of our College was honored by an address delivered by Sir Rickman Godlee, the president of the Royal College of Surgeons of England. He brought to us greetings from his Royal College, which expressed the hope that our "American College should have a successful career, and fill a position beneficial alike to the profession and the community." Last year the fellowship address was delivered by Sir William I. DeCourcy Wheeler, the president of the Royal College of Surgeons of Ireland. In 1921, Sir Harold Stiles brought us a message from the Royal College of Surgeons of Edinburgh; and the following year, Professor Raffaele Bastianelli came to us from Rome.

In its seventh year, the College was presented with the Great Mace, which is carried before us at all convocations. Though far removed from its belligerent use as a weapon of defence, it still remains a significant emblem of authority. Very happily, it always seems to me, the Mace was presented to us at our meeting in the city of Montreal, for it is designed to tell, in a symbolic way, of the close union that exists between British and American surgery. The inscription on the Mace speaks of it as a gift "from the Consulting Surgeons of the British Army to the American College of Surgeons, in Memory of Mutual Work and Good Fellowship in the Great War, 1914–1918." As you see, the national floral emblems of the United Kingdom—the rose, the thistle, the shamrock, and the leek—decorate the staff, which supports the head with its crown-shaped final, upholding the "Sacred Flame of Science." This head is adorned by six panels, which set forth the following "Achievements at Arms":

1. The full Blazon of the United States of America,
2. The Dominion of Canada,
3. The Royal College of Surgeons of England,
4. The Badge of the Royal Army Medical Corps,
5. The Shields of Arms of John Hunter and Lord Lister,
6. A Cartouche bearing the words, "Philip Syng Physick, 1768–1837, Father of American Surgery."

In his graceful presentation of this Mace, Sir Berkeley Moynihan said: "We pray God may regard it as a symbol of our union in the harsh days of trial, as a pledge of unfaltering and unchanging hope, that the members of our profession in the two lands shall be joined in brotherhood forever in the service of mankind."

The John B. Murphy Oration is a fitting tribute to the memory of one of our own great men.

So much for the assets of these years, and assuredly, it has not been an idle childhood. The mention of any names I have purposely omitted, for we all know the names of those who have really founded the College; whose idea and whose conception it was. Some of these men are present this evening, and their names are safe within the keeping of the College history. You will forgive a personal reference to Father Moulinier—to his unique and signal service in the interests of our College; and also the mention of the zeal and devotion of the two associate-directors, Dr. MacEachern and Dr. Craig.

I shall now consider some of our present problems, making first two general observations. These observations will deal, the one with our definite re-action to this large undertaking; and the other with the form of our College government.

In his inaugural address, Sir Rickman Godlee warned us that we, as a College, would indeed be fortunate if we escaped the criticisms sometimes made against his College, of proceeding "either with too great temerity, or with excessive caution." These words were kindly meant, and yet they only half-concealed the sense of prophecy within them. Do not the gods themselves declare that, within the experience of any corporate, living thing, there is no laudable escape from self-analysis and criticism? Indeed, such criticism is dynamic, a sign of life itself, a "stirrage"; and, were there none of it, the fear would be that we were dead already. As a Regent of the College, I gladly acknowledge this, and I humbly welcome any criticism; I mean, of course, the helpful, honest, non-self-seeking sort. I confess I am unaware of any dearth in this respect, for, in our short auspicious life, there has always been no lack of "stirrage."

As regards the definite reaction to our undertaking, we do well to keep before our minds that the object of the College is to elevate, in a universal way, the standard of all surgery. In the terms of our Constitution, we specifically declare this, for the College professes to be fundamentally concerned both with the character and the training of its Fellows; to be concerned with the improvement of hospitals, with the elevation of general medical education, and with an unselfish protection of the patient from immature and incompetent surgery.

Assuredly this College is a large order, which we have so cheerfully undertaken. I repeat that the need of such organization is great; and, may I say at once, that I truly believe that the College has already rendered no mean account of its young stewardship. By all the rules of life, we do wrong to demand a premature growth of development; for no Rome was built in a day, and time is an essential factor in any creation. It remains fortunately true in all human things that it is impossible to place the man's head on the boy's shoulders; for so much of the boy is but a promise of fulfilment. Impatience is, perhaps, one of our national sins; an overeagerness to attain to what we call "results." As an illustration, may I remind you of the famous Emile Coué and his couplet:

"Day by day and in every way,
I am growing better and better";

Coué tells it that two days of this iteration was enough for our average citizen; and that, on the morning of the third day, after repeating the formula, he impatiently ejaculated, "Oh Hell, I am well!", a somewhat premature anticipation of the result. It remains as true today as when it was written that "He that believeth shall not make haste."

The second observation concerns the form of our College government. In my judgment, this government is not only representative, but simple and effective. As proof of this, let me remind you that, of our 50 Governors elected each year by the Fellows for a term of 3 years, 30 are nominated by the 16 representative surgical societies of this country. The 16 Regents are chosen by these Governors for a term of 3 years. They are in reality a Board of Trustees, in that they appoint the Director-General and the Treasurer, and transact all detailed business. Four of these Regents, with the President, the Director-General, and the Treasurer of the College, serve for 1 year as an Executive Committee. Of all these officers, the Director-General alone is full-time, and a paid official; he holds office during the pleasure of the Regents.

It may be of interest to compare this governing machinery of our College with that of the Royal College of Surgeons of England. This Royal College is somewhat older than ours, for it began its corporate life 179 years ago. It has 17,000 members, and 1,589 Fellows. Its affairs are managed by a president, two vice-presidents and a council of 24 members, elected by the Fellows from among themselves, for a term of 8 years. This Council meets once a month, most of the work is done by committees, and there is no salaried, full-time official. You will at once observe that the 17,000 members of the College, its large proletariat as it were, have no voice whatever in the direction of affairs. Their entrance to fellowship and to manhood suffrage in this government, is only by means of a rigid examination.

This comparison is instructive, and comforting perhaps, inasmuch as it shows our College to be the more democratic, and further removed from any form of class government. But "morning never tries you till the afternoon," and with us it is much too soon for any complacency. These two systems can be truly measured only by results; and even in our own College there is yet no visible sign of a coming millenium.

It is quite true that we are all born to believe that a democracy is the highest form of government, but we have likewise come to learn that it

has as yet an inherent weakness, in that it demands so much of the average man. And the greater number of us are only average. It cost us something, you remember, to "make the world safe for democracy"; and now the much larger task confronts us of making democracy safe for the world. Nicholas Murray Butler, the president of Columbia University, has very clearly expressed these views in a recent address, entitled, "The Discontent with Democracy." In this address, speaking of our political life, he tells us: "We Americans have created so much governmental machinery, that we cannot get any effective governmental product"; and he then pertinently adds, "progress in government is a matter of deeds and not of phrases."

All this is but a plea for an enlightened commonwealth, and there is a lesson here for each one of us. So far as our College is concerned, we, like Kipling's McAndrew, need have no "doubt for the machine," but what about the man?—for that man is our average Fellow. The destiny of the College is in his hands.

Our present problems are naturally concerned with questions of policy, and the chief matters before the College have, directly or indirectly, to do with our entrance requirements.

In the United States and Canada, we have 30,000 practicing surgeons, and one out of every six of these is a Fellow of the College. With this number there is no ground for any substantial quarrel, and a considerable effort has been made to render it evenly representative. Six thousand surgeons constitute a nucleus sufficiently large to control our surgical metabolism. We are mindful too that we have lost by death a hundred of our Fellows every year.

I do not deem it advisable to set a fixed limit to our numbers—there should always be room enough and to spare for any good man. Accordingly, this limitation should not be arbitrary, but the result rather of a natural selection, a survival of the fit.

There is no question, I take it, but that in the best interests of the College, we must elevate the standard of our requirements; and that we must see to it that this bettering process should be executed in such a way as to "encourage the others," and to escape any large injustice. It goes without saying that any such new regulation will chiefly affect the coming generation. The Junior Candidate Group is an experiment along these lines, which at least has served to show the interest of the College in this matter.

I repeat, that we must raise our entrance standard, and I believe that we will be inevitably driven toward an entrance examination. Surgery is a science as well as an art, and there is no safe escape as yet from academic methods. Granted such an examination, it must not only be created by ourselves, but maintained by ourselves; it should be entirely independent of any medical school, though I agree that the examiners should always be chosen from those who teach.

This question is widely, and deeply connected with the whole problem of medical education. You cannot make bricks without the proverbial straw. Henry S. Pritchett, the president of the Carnegie Foundation, told us in 1910, 3 years before the foundation of our College, that we had in this country 155 medical schools, and that nearly half of these were entirely inadequate. At the same time, Abraham Flexner, in his report to this Foundation, declared that "our medical education includes something of what is best, and all of what is worst, to be found among civilized nations." Today, what a change has come over the spirit of our dream! In an able and comprehensive report to the General Education Board of the Rockefeller Foundation, just issued from the press, Abraham Flexner now assures us that our medical schools compare very favorably with any others in the world. This report convinces us that, in the matter of medical education, we are in the very midst of an American Renaissance. I hope I do not claim too much in expressing a belief that our College has borne its share in this great reform. For the future we are fully convinced that our activities must always articulate with the work of our medical schools.

And this brings me naturally to a word or two that I shall say concerning the question of Research. No word in our language has been less accurately defined, or more grossly abused; indeed, it has almost come to represent a sort of fetish.

You will agree that the true spirit of Research reveals itself as an attitude of mind, and we remember that it is only this spirit that quickens and redeems. In his whole educational life, each man is inevitably his own Columbus, and must, of necessity, conduct his own exploration. In my judgment, thinking—hard, sane thinking—is a genuine investigation, and the critical application of one's thought to any problem constitutes a true "Research"—and this, not only in a laboratory, but in a hospital, or general practice. This attitude of mind, this critical, inquiring spirit, we may inculcate, for it lies within our reach; but the long history of medicine tells us that few men evince what Bastianelli calls, "the lightning flame of discovery." Through all these long

years, how few have been the men who have really added to our knowledge!

Unquestionably, our College must encourage this scientific spirit, this intellectual domination; for, by so much is the man uplifted and removed from mere routine. But at the same time, we strongly inveigh against a too-eager effort at mere "productiveness." There could be no worse disease than a rivalry in immature production—a travesty of Research; nothing could be more fatal to the institute or the hospital, the laboratory or the man.

The question of publicity, within or without the College, is a matter of general taste, and is, in consequence, of slow adjustment. It is, I grant, still a far cry to that Utopia where "each for the joy of the doing . . . shall paint the thing as he sees it, for the god of things as they are."

These are, very shortly, some of our domestic concerns; the concerns, may I remind you again, of our childhood. The problems here we will gradually solve and outgrow, to meet in their turn, the larger problems of our youth and maturity.

May I offer, as an adage for the coming years, the words of the late Sir William Dawson, who was so long president of McGill University. This is the adage: "Let us consider, not so much the petty difficulties which beset us, as the space for exertion which lies above them."

I conclude with a word of welcome to our new Fellows this evening. May their admission to fellowship prove an added strength to the College, and with equal truth, may the gates of a new life, a life of greater usefulness, be thrown open to them.

GENESIS AND PROGRESS OF THE AMERICAN COLLEGE OF SURGEONS[1]

By FRANKLIN H. MARTIN, M.D., F.A.C.S., Chicago

I. Foreword

MAY I ask the indulgence of the Fellows while I attempt to portray, chronologically, the beginnings and the progress of our organization? It will be necessary to relate some personal experiences, but it may be interesting to the students of history to have a record of our inception, some of the motives which impelled us and the manner in which our plans were brought to fruition.

A distinguished English surgeon who visited our country within a year recorded in his interesting travelogue that Surgery, Gynecology and Obstetrics was established by the American College of Surgeons; and recently I heard one of our prominent Fellows say that the College itself had been organized under the initiative of a certain society. I am personally interested to have these misconceptions corrected; and as I am the only one informed of many of the facts, it seems to me that it is my duty to present a correct record so that the real truth about these things may be known.

II. Surgery, Gynecology and Obstetrics

Making the academic practical

In 1904 the caldron of the old style journalism in medicine was boiling dry, and a new order of service, divorced from commercialism, was demanded. The *Journal of the American Medical Association*, which represented the democracy of the medical men of America, was shaking itself free of unworthy advertising and demonstrating that a medical journal, divorced from extraneous financing, published by the doctor for the doctor, would succeed, this under the able leadership of Dr. George H. Simmons, recently retired as editor of that journal.

The special medical journals, under the old financial and editorial dominations, were suffering from the milking of their exploiters, and were barely holding their own.

At this time the writer conceived the idea that if surgical specialists who were engaged in an active practice were to edit a journal of surgery and the specialties, such a journal would naturally contain the material that would appeal to other active specialists in surgery; if in addition to this the legitimate receipts from such an enterprise could be put back into the journal to make it more valuable to the profession, this too would enhance its usefulness and appeal to its supporters; and, finally, if such an enterprise could be conducted in a way that the mechanical makeup of the journal would appeal to the fastidious in literature and in artistic book-making, the result would be a surgical publication that would live. A journal edited by active surgeons for active surgeons was thus established. Its success professionally, scientifically, artistically, and financially, has made it the recognized leading surgical magazine of the world. The success of this experiment seemed to point to the fact that in the interest of progress, taskmasters should record their own accomplishments.

III. International Abstract of Surgery

In 1912–1913 the writer added to Surgery, Gynecology and Obstetrics the International Abstract of Surgery. This contemplated (and the plan has succeeded) furnishing each month to the specialists in surgery an accurately prepared abstract of the worthy surgical literature of all languages, and a complete bibliography of all current surgical literature. This was made authoritative and comprehensive by working arrangements with the recognized abstract journals of France and Germany, and by organizing a reliable staff of editors under our own supervision. Surgery, Gynecology and Obstetrics and the International Abstract of Surgery is subscribed for by thirteen thousand individual surgeons throughout the civilized world, and is to be found in all of the principal libraries where it is read by additional thousands.

These publications (which are the property of Mrs. Martin and myself, and which at the present time it is contemplated shall be bequeathed to the American College of Surgeons) have been successful financially as well as scientifically. The income of the Surgical Publishing Company represents a book value of one million dollars, and it has purchased and maintains its own quarters, immediately adjoining the College, in a property valued at three hundred thousand dollars.

[1] Read at the Dedicatory Ceremonies of the Annex Museum of the American College of Surgeons, New York, October 23, 1924.

1910

IV. The Clinical Congress of Surgeons of North America

The passing of the proprietary medical journal and the proprietary medical school developed a protest among the surgeons against the exclusive *literary* conduct of our medical society meetings. We had learned by attending some of the leading clinics that greater inspiration was gained by watching a surgeon operate than in hearing him tell about it. Exclusive clinical societies of surgeons and gynecologists were organized, and in small groups they traveled far and near to watch their confrères at work in their operating rooms. This resulted in astonishing changes in the reputations of our society surgeons. The silent man of worth came into his own, while the loud man, accordingly, was found speaking in whispers. These exclusive societies became popular. Every surgical specialist and every man who was ambitious to become a surgical specialist, wanted to see the *real* surgeon operate, and had lost interest in the orations of the swivel-chair operator.

How could we satisfy this legitimate and worthy yearning? Surgery, Gynecology and Obstetrics had been established to serve the working surgeon. How could we supply this large and growing group of surgeons with the opportunities which were available to these small exclusive societies? We attempted a solution by asking the subscribers to Surgery, Gynecology and Obstetrics to attend the clinics of the surgeons of a great city. The result was epoch-making in the conduct of medical societies. Eleven hundred surgeons responded to that first informal invitation, and they were there and then organized into the Clinical Congress of Surgeons of North America, with a constitution, by-laws, and officers. Thus, informally in Chicago in 1910, and formally in Philadelphia in 1911 and in New York in 1912, were held the first meetings of the Clinical Congress. Was there a demand for such an organization? At the New York meeting in 1912 four thousand registered, and almost as many more attended who could not or did not register—more than the attendance at the meeting of the American Medical Association of that same year. Already our success had become so phenomenal that we were threatened with failure because of our inability to secure the admission of so many men to the clinics in any one city, or to find a hall large enough to accommodate them at a formal scientific meeting.

We met the immediate problem by announcing that in the future attendance at the Clinical Congress would be limited to the comfortable capacity of the city in which the meeting was to be held, and for this purpose we established advance registration "first come, first served." Preparations were also under way to meet the problem permanently, as will be told in the next section.

The Clinical Congress of Surgeons of North America, organized in 1910, functioned as an independent society until 1917, and held meetings in Chicago, Philadelphia, New York, London, and Boston. In 1917 it was amalgamated with the American College of Surgeons, and is now known as the Clinical Congress of the American College of Surgeons. It has a separate registration fee, it is self-sustaining, and only those who actually attend the meetings contribute to its support.

1913

V. The American College of Surgeons

Ideals made true in team-work lead to progress

The 1912 meeting of the Clinical Congress demonstrated what was foretold by the preceding two meetings, viz.: that their popularity would become their undoing if we did not adopt some plan to curtail the attendance. At the 1912 meeting, arbitrarily, a plan was initiated, as I have stated, to limit the attendance at future meetings.

The great appeal to the practical specialist in surgery of these clinical meetings made obvious the need for a great democratic society or guild of specialists. The diversity in the work of the clinicians at the various centers revealed the need for standards. The inferior work in some of the clinics demonstrated that no organized plan existed to protect patients against incompetent surgery. The hospitals in which the surgeons operated furnished a variety of facilities, ranging from bad or indifferent to adequate. There was no established authority of efficiency. The orgy of surgery coming into fashion had developed among the vicious a competition in fee-splitting, which led on to an organized traffic in the buying and selling of patients. It was a problem that was being discussed by all serious-minded surgeons. What could be done to put our house in order? The popularity of the Clinical Congress had revealed the fact that there was a demand for a democratic organization of surgeons, the proceedings of which should exhibit the art of surgery as displayed in the clinics; should promote research in surgical problems; should preserve inviolate the moral and ethical standards of the practice of surgery; should seek to maintain a high degree of

efficiency in the environment in which surgery is performed; and should list in some form that would be accessible to everyone the surgeons who would pledge themselves to conform to this program and who were adequately trained in surgery. These were the unsolved problems which confronted us in November, 1912.

Having been responsible for the launching of the Clinical Congress, there was no one to whom these problems were brought home more forcibly than to the writer. Gradually the vision of a college or a guild of surgeons had been crystallizing, some organization that would correspond to the Royal Colleges of Surgeons of England, Scotland, and Ireland. An outline of such a plan was dictated by me to the public stenographer on the Twentieth Century Limited on my trip to the 1912 Clinical Congress. A resolution was formulated which provided for the appointment by the Congress of a committee of nine, with power to act, to organize an American College of Surgeons. The names of the surgeons who were to act on that committee were also recorded. On arriving in New York on the eve of the Congress the outline was presented to Dr. John B. Murphy for criticism. He went over it with great care. Instantly and enthusiastically he approved, and volunteered to support the plan. It was then submitted to Dr. Edward Martin, who was the president of the Clinical Congress, and discussed at considerable length. He, too, approved the project and the line-up of the committee. At the annual meeting of the Clinical Congress I presented the plan in detail and moved its adoption. Dr. Murphy promptly seconded the motion and supported it with a strong, enthusiastic speech. The resolution was adopted unanimously and the appointment of the following committee was authorized: Edward Martin of Philadelphia, Emmet Rixford of San Francisco, John B. Murphy of Chicago, Rudolph Matas of New Orleans, Albert J. Ochsner of Chicago, Charles H. Mayo of Rochester, Frederic J. Cotton of Boston, George Emerson Brewer of New York, John M. T. Finney of Baltimore, Walter W. Chipman of Montreal, George W. Crile of Cleveland, and Franklin H. Martin of Chicago. During the succeeding 6 months the writer, as one of the executive officers of this committee, visited all parts of the United States and Canada, and met groups of surgeons who were selected by the committee on consultation with local surgeons. The outstanding surgeons and surgical specialists in the states and provinces were invited to attend a meeting in Washington for the purpose of perfecting the organization of an American College of Surgeons.

On May 5, 1913, in the city of Washington, 450 surgeons attended such a meeting and the American College of Surgeons was launched. Meanwhile a charter had been secured.

With the president of the Royal College of Surgeons of England, Sir Rickman Godlee, as sponsor and godfather, and under the presidency of Dr. J. M. T. Finney of Baltimore, the first formal Convocation of the American College of Surgeons was held in Chicago on November 13, 1913, and 1059 United States and Canadian surgeons were admitted to charter membership.

VI. Declaration Against the Division of Fees

A genius, backed by moral character, courage of his convictions and the spirit of a crusader, created a dramatic moment in the organization meeting of the College that more than any other incident has reflected its influence for good throughout our short career. I have reference to that respected dean of surgery in classic Indiana, Dr. Miles F. Porter, who rose in that first meeting and pleaded for a declaration against the division of fees, the paying of commissions for surgical work, the buying and selling of patients. This suggestion was instantly backed by Dr. William F. Metcalf of Detroit, the challenge accepted with enthusiasm by the 450 surgeons present, and a declaration against the division of fees launched as one of the cardinal principles of the American College of Surgeons.

This principle, then inculcated, was immediately made militant by the new Board of Regents. Two declarations against this abominable practice were immediately prepared: One, the pledge against fee-splitting that every applicant for fellowship is required to sign, popularly called the "battle-ax" pledge because of its relentlessness, of which Dr. A. J. Ochsner is the author, and the other, the Fellowship Pledge, prepared by the writer, which touches upon other amenities of good practice and good fellowship, and which also has a constructive declaration against unworthy financial transactions.

As a result of our stand in this matter for the past 12 years, this practice is frowned upon by all decent medical practitioners, and we have aided in placing upon the statutes of eight states of the United States anti-fee-splitting laws that have for their object the protection of the public against the practice.

1915

VII. Endowment and Dues

make them come true

In 1915, at the annual meeting of the Board of Regents, it became apparent to each member of that body that the College of Surgeons, by its profession of ideals, had assumed a great obligation, and in order to meet it, it would be necessary to show that it had the courage of its convictions, and to assume the responsibility of financing its own big program. Nothing would go further toward proving our dead-earnestness than to subscribe forthwith to a permanent endowment fund. Beginning with the Regents, 1000 of the three thousand Fellows then enrolled subscribed $500 each to this endowment. Since that time the major portion has been collected, and an additional amount has been added, making a present permanent endowment invested in trust securities of $622,000.

At a subsequent meeting of the College the Board of Regents was authorized to prescribe the amount of the annual dues of the Fellows, and they were fixed at $25 a year.

1915

VIII. Examination Requirement for Admission to the College

Fiction is interesting, a glib tongue at times entertaining, but the [illegible] is shown by the record of his work

In 1915 it became apparent that we should institute some form of test which would aid us in estimating the professional qualifications of our candidates for admission into the College. Already our requirements for admission were such that they had excited the admiration of the old established colleges of Europe. We required that a candidate should be recognized as a surgical specialist by his own confrères—that at least 85 per cent of his professional activities should be in his specialty; insisted that he should have been a graduate in medicine for a period of at least 7 years; required that he should make a solemn declaration against unworthy financial transactions, and that he should be vouched for by a strong committee of his neighboring practitioners as a desirable member of society. But this was deemed insufficient, and in addition a regulation was adopted requiring each applicant under forty years of age to submit to an examination committee a complete report of fifty major operations which he had himself performed, and an abstract report on fifty additional cases on which he had operated, or in which he had acted as an assistant. This test proved so successful in revealing the surgical qualifications of our applicants, as it eliminated more than 50 per cent of those otherwise acceptable, that in 1923 the same rule was extended to apply to all candidates who were not, because of some special distinction, otherwise received by a majority vote of the Regents.

This method of procedure proves a man's fitness to do actual surgery and is far superior to the ordinary written and quiz examination that proves only his theoretical knowledge of surgery; and it has, therefore, been the subject of favorable comment, and has elicited much praise from distinguished fellows of the European colleges of surgeons where the passing of an academic examination alone is accepted as evidence of a man's eligibility for fellowship.

1910–1917

IX. Standardization of Hospitals

Successful work is most easily accomplished in a proper environment

The examination of case records submitted by applicants within one year proved that many of the hospitals in which they were doing their surgical work were inadequately equipped. The records showed lack of system in recording cases; either there were no laboratory facilities or the laboratory was woefully deficient; medical staffs were unorganized, and team-work which makes for helpful consultation was almost entirely lacking. The necessary "turn-downs" of applicants on the case records coming from many such hospitals led to inquiries on the part of hospitals as to our requirements. Our replies led to a request that we furnish outline blank forms of records which we considered acceptable. This we did. We were then requested to suggest a standard for laboratories and for staff organization. It soon became apparent that we were having a grave responsibility thrust upon us. Mr. John G. Bowman, who was at that time director of the College, discussed the matter with me and we decided that the standardization of hospitals, because that was what it meant, would properly come under the supervision of the American Medical Association, at least so far as it applied to the United States. This suggestion was taken by Mr. Bowman to the chairman of the Committee on Medical Education of the American Medical Association, Dr. Bevan, who spoke of the expense of such an undertaking, of the fact that the subject had

been discussed by the Board of Trustees, and that they had decided not to accept the responsibility of such a task. He was then asked if there would be any objection to our doing the work, and the reply was in the negative.

This left the College not only free to undertake the project if it saw fit, but quite definitely thrust an important obligation upon its shoulders.

More than a year was given to the careful consideration of this whole problem, and in the meantime we aided the hospitals in improving their facilities by correspondence, conferences, and writings.

We had only started our work when a great hospital system had to be organized for the Great War by the Medical Corps of the Army, the Navy, and the Public Health Service. Several conferences on this subject were held in Washington, where we combined our experience in hospital organization with that of the war experts and other authorities, and helped the government to create a standard hospital system.

During the hectic years of 1917 and 1918, the hospital program of the College developed. In the latter part of 1917 and early 1918, several plans were outlined and rejected. Finally, while Mr. Bowman and I were considering this entire program one day, we decided that while we must always assume the attitude of advisers on this whole subject, the time had come for us to shoulder the responsibility of furnishing a definite standard to hospitals. Then arose the question as to whether our standard should specify the maximum or the minimum requirements for a hospital. To popularize our assumption of authority, and to make the plan workable, could we not accomplish more by a *minimum* standard which would contain the fundamental requirements essential in every institution for the care of the sick rather than a *maximum* standard which would necessarily be burdened with unessential details? This plan was freely discussed and in the revision we had the views of Dr. John Bresnahan, a practical hospital expert, who at that time was serving on our staff.

The minimum standard was decided upon. It should be simple and direct and cover not more than one sheet of paper. Mr. Bowman retired and within 24 hours returned with the first tentative outline of the text of the minimum standard for hospitals. This document has now achieved international fame and has become to hospital betterment what the sermon on the mount is to a great religion.

The 1,427 hospitals that are now on our accepted list, and that proudly acclaim our leadership, and the thousands of smaller hospitals that have accepted our principles and are aspiring to meet our ideals, testify to the transcendent importance of this program that we have originated, financed, and administered, and that has attracted the admiration and following of three continents.

This program was successful at its beginning because of the influence of the members of the College who were serving in the hospitals throughout the continent. Right-thinking medical men, whether members of the College or not, soon realized that our program represented an ideal that made for greater efficiency in hospitals. Finally, through our propaganda for better hospitals, the people, including hospital trustees, hospital superintendents, nurses, and of paramount importance the prospective patients, were impressed not only with the necessity of recognizing our standard, but with a religious enthusiasm to adopt it. All hospitals in large and small communities are now appealing to us for our stamp of approval. The hospital authorities realize that the people who support hospitals will soon demand that all institutions for the care of the sick meet this standard of efficiency or be read out of existence.

In the meantime the medical staffs, without regard to specialties, have recognized in our hospital program a great weapon against fee-splitting, inasmuch as each accepted hospital must produce a declaration, signed by each individual member of its staff, against this unsavory practice.

This movement for the betterment of hospitals has attracted toward its support all people and all organizations interested in hospital efficiency. The American Hospital Association, of which Dr. Malcolm T. MacEachern, one of our associate directors, is a past-president; the Catholic Hospital Association of which Reverend Charles B. Moulinier, S.J., is president; the Protestant Hospital Association; the Board of Hospitals and Homes of the Methodist Episcopal Church; and the Baptist Hospitals are enthusiastically supporting and applauding our program. The American Railway Association has requested its 14,000 surgeons to use our approved hospitals wherever available, and to standardize the hospitals under their immediate control. General Hines of the Veterans Bureau has asked us to survey the hospitals under his jurisdiction in order that the people may be assured that the institutions for the care of soldiers meet the requirements laid down for acceptable lay hospitals. The same is true of the Marine Hospitals, and Surgeon General Cumming of the Public Health Service has asked for our survey. The movement has met

the approval of the great philanthropic foundations, the Carnegie Corporation having financed our activities to the extent of $105,000.

1916-1917

X. Organization for the Great War

[illegible]

When it became apparent that the war storm in Europe could not be stayed without the aid of this country, and the United States set about its preparation, it was the American College of Surgeons that first responded in preparing the medical facilities for war activities. Early in 1916 one of our Regents, Dr. Frank F. Simpson, rallied the medical profession to action. All organized medicine was invited. The Association of American Physicians for Medical Preparedness was organized, under the supervision of a Committee of 28, which, in addition to the three Surgeons-General, included a group of civilian physicians and surgeons who on invitation accepted the call to aid in preparation for war. Of those accepting this invitation the majority were members of the American College of Surgeons. In April, 1916, one year before war was declared, representatives of this Committee took counsel with President Wilson, and the Committee as a whole was recognized by the War and Navy Departments as a desirable aid in preparing the medical profession for co-operation and enrollment. General Gorgas, early in 1916, issued invitations to the Fellows of the American College of Surgeons to join the Medical Reserve Corps. The American Red Cross, under Colonel Jefferson R. Kean, at Dr. Simpson's suggestion and at the request of Secretary of War, Baker, asked Dr. George W. Crile, in charge of the Lakeside Hospital Unit of Cleveland, to mobilize in Fairmont Park, Philadelphia, at the November, 1916, meeting of the Clinical Congress of the American College of Surgeons. This was done and it initiated the first real demonstration of what was to come, and was of great value in stimulating the organization of the forty-two great Base Hospitals representing our various university and hospital centers.

In the summer of 1916, Dr. Simpson called a number of his committees to Washington to urge upon the Secretary of War the advisability of including a medical representative on the Advisory Commission of the Council of National Defense. This appeal was met and the law was so written. When later an official of the American College of Surgeons was appointed to this position by President Wilson, the Association for Medical Preparedness was taken over and formed the nucleus of the Section of Medicine and Sanitation in the Council of National Defense.

When our entrance into the war appeared inevitable and it was found desirable to organize the General Medical Board of the Council of National Defense, Secretary of War Baker, at my suggestion, appointed to this Board many of those who responded to our informal invitation of the previous year. Over 90 per cent of the Fellows of the College who were of military age donned the uniform of the Army or Navy. Those who were ineligible for military service sought other means of serving their government.

President Wilson was so impressed by the patriotic response that was shown by the medical profession, and by this organization in particular, that he wrote a very flattering letter of appreciation to the Chairman of the General Medical Board, in which he asked that his thanks be extended to the medical profession that had so generously rallied to his support.

1915-1919

XI. Permanent Home

From the beginning a controversy was waged in regard to the permanent home of the American College of Surgeons. At the Washington meeting of the College in 1915 a committee, appointed to consider this subject, reported in favor of Washington as the permanent home. The matter was discussed at some length. As the Committee made no suggestions as to ways and means of establishing a home, and as there was a strong sentiment in favor of a home situated more nearly in the population center of the country, a definite vote was not registered. In 1916, our distinguished founder, Dr. Murphy, died, and his Chicago lay and professional friends set about to do him honor. It occurred to them that nothing could be more fitting than to establish a monument to him in the form of a site and much needed permanent home for the College of Surgeons in the city in which he had worked and lent honor as a master surgeon. There was a fair prospect that this would be carried out promptly and that a site would be furnished in a public park of Chicago. The Fellows of the College were asked through correspondence to indicate their preference, and their replies indicated that they favored accepting this offer if a site in Chicago were proffered on the basis of a gift. The war, and the sudden death of the two principal promoters of the plan, led to a postponement of its execution.

In June, 1919, under the presidency of Dr. W. J. Mayo, the Regents gave Chicago 2 months in

which to fulfill its promise of a site that would meet the approval of that Board. In less than the prescribed time the present home of the College was purchased by the lay friends and the Fellows of the College residing in Chicago and formally presented to the College without cost. This not only provided the required site, centrally and conveniently located, but in addition a commodious and beautiful building adapted to the administrative work of the institution.

At this time, too, was revived a movement to build a monument to Dr. Murphy, this to be in the form of a building to house suitable assembly halls, the library and the museum of the American College of Surgeons. A donation of $100,000 by Mrs. Murphy was promised as a nucleus of a fund of $500,000. The lay friends subscribed $200,000 of the remaining $400,000. The balance, $200,000, as you know was pledged in individual voluntary subscriptions by the Fellows of the College. The Murphy Memorial Building, specially designed for our use, will present when finished a most dignified and beautiful structure. It will be ready for occupancy March 1, 1925.

This will complete a beautiful home that will be adequate for our needs for many years to come. It is within five minutes' walk of the center of the second city on our continent, and the third city in the world, and within 200 miles of the center of population of North America. It was given to the College of Surgeons without one cent of cost to the corporation. Its actual cost to the donors was $600,000. Conservatively estimated, the present value of the land alone, due to the rapid increase in values since the purchase, is $750,000, and the buildings, including the new Murphy Memorial, at least as much more, or a total value of more than $1,500,000.

1919

XII. Sectional Meetings

Decentralization leads to saturation

It is estimated that more than one-half of the Fellows of the College would attend the annual Clinical Congress if our attendance were not limited. We are aware that on our continent surgery of the highest quality is being performed in cities of from 10,000 to 200,000 inhabitants. In each of these cities reside Fellows of our College.

In 1919, under the presidency of Dr. W. J. Mayo, a plan was presented for approval to groups of Fellows in the different States and Provinces which provided for the conduct of miniature Clinical Congresses as state or sectional meetings, these meetings to consist, first, of clinics at which Fellows of the College in the city in which the meeting is held would operate; second, dry clinics and practical papers conducted or read by invited guests and Fellows of the College; third, a hospital conference to which all hospital administrators in the States and Provinces included in the section would be invited; and, fourth, an evening meeting for the lay public, addressed by officials of the College, distinguished guests and local celebrities, a meeting at which personal health problems would be discussed.

The idea for these sectional meetings was presented to me in correspondence by that enthusiastic Fellow of our guild from North Carolina, Dr. John Wesley Long, and one of the first individual tryouts of the plan, which was enthusiastically embraced, was in his state of North Carolina. The first series of these meetings was held in the North-West States and British Columbia, and they were a great success from the first. However, the scheme was a new one and one of its innovations involved a frank talk by doctors to laymen and women. There was a furore of opposition on the part of a few conservatives, and some attempt to discourage the execution of our program by organized opposition. But the success of the venture soon became apparent. The attendance at the meetings of the second year was about double that of the first; and during the third year the attendance increased proportionally. The meetings held during the fiscal year just past have filled the largest auditoriums we could secure; and now, like the Packard Motor cars, they are the most imitated vehicles within the jurisdiction of the College.

These meetings have been of the greatest help in making known the ideals and constructive work of the College. Gradually the public has become cognizant of a great movement for hospital betterment; gradually the public has become aware that scientific medicine is something real; and gradually the public has come to realize that the modern doctor is not a man of mystery, but a human being and a public benefactor; and of even greater importance, the public has been told in an understandable manner the story of the abomination of fee-splitting and of crooked medicine.

XIII. Literary Research

The practical worker "sufficient unto himself" is dead, while "give and take" among fellows leads to

Great universities, great philanthropic foundations and individuals of great wealth have in-

vested vast sums in support of scientific research. It would be unwise and unnecessary for our College to attempt to duplicate such research. However, our policy "the practical surgeon for the surgeon" beckons us to a field in research all our own, unlimited in extent, unappropriated, easily within our means, and of inestimable value to clinical medicine. Some of the problems which the College has adopted as its legitimate field of work are:

1. RESEARCH OF LITERATURE

Our Literary Research Department is making available to clinicians an organized and authoritative means of obtaining through trained workers what they desire in medical literature—either in the form of an abstract, of a bibliography, or of extensive research of the literature in all languages. Service of this type, accessible to all clinicians, takes that important work out of the hands of unorganized commercial individuals, or unsatisfactorily financed organizations, and offers reliable, censored service at less than actual cost; and the expense is gradually diminishing because of our ability, through proper organization, to accumulate valuable material. This department was instituted in 1921, and has already furnished to hundreds of clinicians assistance of inestimable value.

2. REGISTRY OF BONE SARCOMA

This study, which has been the subject of discussion in special surgical gatherings for years, needed to be taken under the wing of some organization that could publish its literature and finance its correspondence. Those vitally interested selected as the leader in this study and as the champion of their propaganda, Dr. Ernest Amory Codman of Boston. The College accepted the responsibility of giving it shelter, and the modest support it required.

3. CLINICAL RESEARCH IN THE TREATMENT OF MALIGNANT DISEASES BY RADIUM AND X-RAY

This survey was initiated in 1921, with Dr. Robert B. Greenough, of Boston, as chairman. No organization was in a better position to back this practical investigation than the American College of Surgeons, with its more than 6,500 surgical specialists. The importance of this research will become more and more apparent as time goes on, and the evidence of five-year cures is accumulated in the yearly reports. These reports will be carefully analyzed and valuable conclusions deducted to guide the clinicians in the treatment of this formidable malady.

4. TREATMENT OF FRACTURES

In 1922, under the guidance of Dr. Charles L. Scudder, of Boston, the study of a standard for the treatment of long-bone fractures was initiated. It was recognized that the minimum standard for hospitals would have to be amplified from time to time by the addition of suggestions for a standard of efficiency in the specialties of surgery. Much valuable material in the treatment of fractures had been assembled during the war. Standardized apparatus has been evolved, and material accumulated for a still further stabilization of this chaotic subject. Dr. Scudder has organized a committee that is already bringing about order, and the findings, which represent the consensus of opinion of men of experience, have been passed along to clinicians and hospitals for their consideration and adoption. This committee will continue its work and make its yearly report and recommendations through the College and its publications.

5. STANDARDIZATION OF CLINICAL LABORATORIES

The question was often asked: "What kind of a clinical laboratory, which will not entail prohibitive expense, do you recommend as acceptable to your hospital survey department?" In 1922, a committee of eminent laboratory technicians accepted for the College the responsibility of attempting to consider this question. The committee consists of Dr. Francis Carter Wood of New York, Rear Admiral Edgar R. Stitt of the U. S. Navy, Dr. Ludvig Hektoen of Chicago, Dr. Louis B. Wilson of Rochester, Minnesota, and Dr. M. J. Rosenau of Boston.

These five activities are under way, and the College includes in its budget provision for defraying the expense involved in their clerical and other office work.

1920

XIV. Inter-American Affiliation

Go into all the world and preach the gospel of co-operation among surgeons

Visits to South and Central America, planned at the beginning as a vacation trip, developed into an international adventure that involved the establishment of an intimate professional friendship between the surgeons of Canada and the United States, and the surgeons of all of the republics of Central and South America. It attracted the attention of the officials of our several countries, and it has become one of the political

ties that will bind us closer together as nations and make more harmonious our civilization. It will make for mutual appreciation of our educational methods, and will lead to interchange of teachers and students. It has already led to a federation of our specialists and surgeons in a College of Surgeons which is continent wide. We have made true the proverb that "in science there is no international boundary."

This movement was initiated in 1920 by our then president, Dr. W. J. Mayo, and your Director-General when we visited Panama, Peru, Chile, Argentina and Uruguay. Our reception was so cordial, and the desire on the part of our neighbors to co-operate was so manifestly genuine, that the visit was repeated the next year and extended to Brazil, Ecuador, and Bolivia. In 1923, the visit to the continent of republics was practically completed by adding Colombia and Venezuela and several of the Central American Republics to the list. This contact has seemed so important to the Board of Regents that they have cultivated it, and we now have in the South and Central America 198 members of the College, and in each of the countries a strong Committee on Credentials has been organized.

1924

XV. Australia and New Zealand

During the early months of this year, Dr. W. J. Mayo and your Director-General, entirely independent of instructions from the College, undertook a most delightful vacation trip to Australia and New Zealand. What at first was intended as a purely personal contact with the profession of these two interesting countries developed into a series of meetings and conferences at which we were asked to discuss the program of the American College of Surgeons, and especially its activities in hospital betterment. The fame of our College had preceded us, as the story printed monthly in our official organ had been carefully read by the more than four hundred surgeons in Australia and New Zealand who subscribe to the Journal. The story had appealed to these faraway neighbors of ours, and they were keen to obtain first-hand information about the working out of its details so far as they might be applicable to their own peculiar problems. We were careful not to make any tender of affiliation between our organization and theirs, although much thought evidently had been given by their surgeons to plans for the organization of a guild of surgical specialists which would do for them what the American College of Surgeons has attempted to do and is doing for Canada and the United States. Finally it was suggested that there could be no possible occasion for embarrassment if such of the individual surgeons of those countries as desired were to apply for fellowship in our College. A small group, as individuals, expressed the wish to do this. After our return, at the first meeting of the Board of Regents, this subject was discussed and a resolution adopted that will admit a selected group on a charter membership basis.

This visit was an inspiration to us and the strong friendships we formed as individuals were most gratifying. In this vacation, in this interchange of ideas, in this intimate way of exchanging viewpoints, we were taught how far apart we have been as neighbors, and how inevitably circumstances are drawing us nearer together. What a strong bond for scientific unity surrounds the Great Pacific, with South America, Canada, New Zealand, Australia, the Philippines, and the United States forming a great Pan-Pacific alliance cemented by scientific aspirations—an alliance that may bring us closer together in our national aspirations!

1923–1924

XVI. Judiciary Committee

Hold fast to that which is good, which is evil

The best of plans will occasionally miscarry. In spite of careful references, in spite of careful Credentials Committees, in spite of ironbound declarations, in spite of our requirement, including the filing of case records that must be verified, and in spite of scrupulous care on the part of your Board of Regents, men have been admitted to fellowship in the College who should not have been accepted, as is occasionally true in our most exclusive clubs. Complaints are filed against these men and complaints are also filed against many men who are our most worthy Fellows. This is one of the most difficult problems that the Regents have been asked to solve.

In 1923, a welcome suggestion came from two widely separated sources: One from the Executive Committee of the Indiana State Section and the other from the Credentials Committee of Brooklyn. Each of these bodies asked that the appointment of a judiciary committee be authorized in every important community; that all comments pertaining to personal ethics of our Fellows should be submitted to a judiciary committee; that the individual Fellow involved should be asked to appear before such a committee and explain his conduct, the Judiciary Committee in

turn to present its report of the investigation, together with its recommendations, to the Board of Regents.

This plan has been approved by the Regents, and already a Judiciary Committee has been authorized in most of the states and provinces. The mere knowledge of the existence of such a committee, with power to investigate and make recommendations, has a very salutary effect in regulating local situations, and as the plan becomes operative, it will enable us to act intelligently in dealing with undesirable Fellows, or situations involving candidates or institutions.

XVII. The Junior Candidate Group

Train up a child in the way he should go, and when he is old, he will not depart from it

For a number of years it had been recognized by the Regents of the College that there was no provision for imparting our ideals to the young prospective surgeon. We had nothing to guide him during those 7 formative years—through his interneship, his assistantship, his early years while establishing professional and hospital alliances, dating from his graduation to the time of his eligibility for fellowship in the College. Some sort of affiliation seemed desirable. Practically every year it was discussed by us, but as no concrete plan, free from objectionable features, was presented, definite action was postponed from time to time. Finally, the idea was brought forcefully to the attention of the Regents by Dr. John Wesley Long, of North Carolina, at the annual meeting in 1923, and again at the Executive Committee meeting of the Regents at White Sulphur Springs last December. Dr. Long presented a comprehensive plan which he termed the "Candidate School" of the American College of Surgeons, and supported with a most convincing argument. A lengthy discussion ensued, modifications were suggested and finally the plan was placed in the hands of a committee of the Regents to formulate into a working project. The Executive Committee of the Regents, at the time of Dr. Long's presentation, expressed its great appreciation of his initiative in this movement, and further declared its belief in it by making his plan the basis of the organization of the Junior Candidate Group.

In establishing a Junior Candidate Group of prospective Fellows of the College, it is proposed that these candidates shall be accepted and placed on a probationary list as early as 2 years after graduation with the understanding that they be acceptable as Fellows not earlier than 7 years after graduation and that they then be subjected to the present requirement which necessitates the filing of one hundred case records as evidence of professional qualifications; also that they shall at the beginning of their candidature fill out and sign the same application blank, together with the anti-fee-splitting pledge, as is required of all Fellows of the College.

These young men will be kept in close touch with the activities of the College through our printed bulletins, and through the privilege of attendance at our sectional and state meetings. The College will have surveillance over these young men by requiring them to file annually, on carefully prepared blanks to be provided by the College, a summary of their activities for each year of the probationary period. These records will become a part of the credential history of the candidate, and will have a bearing upon his acceptance later as a Fellow of the College.

This plan forges another strong link in our propaganda against unworthy financial practices, and promises to make the work of our state and central Committees on Credentials more satisfactory and more accurate. It furnishes the young surgeon a tie of great importance in the formative days of his career, and harks back to the days when the student of medicine began his study under a preceptor. Why should not some Fellow of the College act as a preceptor, guide, and sponsor for each of our Junior Candidates?

XVIII. Summary of Administrative Achievements

Durable keystones of the foundation arch are essential

In every organization that is stable, key-men and women who are enthusiastic, resourceful, industrious, and above all loyal, must stand at the stress-points, carry the loads, and make well-thought-out plans come true. Such individuals have been in important departments of the College and of the Journal since their organization.

Dr. Allen B. Kanavel, the associate editor of Surgery, Gynecology and Obstetrics, was the first one to red-pencil the articles that were placed to the credit of the parent of the progressive organization. He has not only been the editorial censor, but with his judicial mind, he has been the stabilizer in the development of the Clinical Congress and of the College.

Mr. A. D. Ballou, the general manager of the Surgical Publishing Company, naturally became

the general manager of the Clinical Congress. He issued the first program in [illegible] issue the last program in this present Congress; and his faithful organization will issue the last ticket. Faithfulness, industry, tactfulness, and loyalty to his trust are his credentials. His business sagacity, and his knowledge of the intricacies of printing and publishing, are unsurpassed. The progressive work of the Journal and of the Clinical Congress is his pride!

Mrs. Marion Farrow, the business manager of the offices of the College, has developed in our ranks. She is a leader of the forceful type, and faithfulness to her trust is her religion. Business methods of the most efficient kind are essential to the success of a great commercial enterprise; and they are none too good for an academic venture. Her associates are inspired by her devotion to our cause, and the *esprit de corps* of her office spells enthusiasm for the College, and industry in the development of its program.

At all times each one of the personnel of our organization has been carefully selected for his ability to do a definite task, and for his willingness to accomplish that task with all of his might. Everyone on the payroll of the College is proud of his institution and your institution, and considers it a privilege to be one of its laborers.

And at a critical time came another keystone, in the person of Mr. Walter E. Carr, that was necessary to sustain another beautiful arch in our structure. Like a father, he has nursed with devoted hands our monument to Dr. John B. Murphy. When that structure goes down into history, those who were near at the time of its building will remember this devoted friend who was so much interested in its development and whose very soul has become a part of its masonry.

From the beginning there have been those who, disinterestedly, have worked for the success of our ideals. They have done it at a great personal sacrifice of time, and always they have refused to allow their trust to become marred by the practice of expediencies or politics. Nowhere has statesmanship been more manifest. I refer to the members of the Board of Regents who, year after year, have served the College since its organization. As is true in great universities, we seek stability by retaining the faithful trustees as long as their services are available, and they accept the responsibility of regular service. Their names are: Finney, Chipman, Matas, Ochsner, Crile, Mayo, Kahlke, Armstrong. These men served us at the beginning and they are with us now. Another group which joined us later is faithfully serving us with these pioneers.

[illegible]

enterprise are important; but wise administration is essential

In this too long address I have merely touched upon the outstanding activities of our institution. The conception, the planning, and the organization are important, but things just thought of and started do not become working realities without proper guidance. Thousands of details must be planned, thousands of hours of work must be organized, and thousands of hands must be employed in the mechanical task of guiding successfully through its first two decades of life an institution of the importance of ours.

That the College has been successful is not only evidenced by its history, the salient points of which have been enumerated, but by its reputation for doing useful things and by the appeal it has made to the working and thinking clinicians of three continents who have become a part of it; also by the fame it has achieved with surgeons of ability in the other countries of the world.

From the beginning, its strong Board of Regents has been of one accord—that the institution should not only fulfill its obligation as a great educational guild, in its support of working surgeons, but that its financial conduct should be on the most approved business basis. Evidence that this has been accomplished can be best set forth by the facts. From its beginning it has planned to pay its own bills; it has supported a definite progressive program of standardization, not only of the activities of surgeons, but of the environments in which surgery is performed; it has stood for and fought for ideals; and the expenditures have been rational but continuous, from our small beginning of a budget of twenty thousand dollars a year, to the present budget of $150,000 a year. We have been aided in our hospital work by gifts from the Carnegie Corporation to the extent of $105,000, spread over several years. With this considerable expenditure we have been careful to prepare for the future, and to place your organization beyond the possibility of ever having it become a "hand to mouth" proposition. You have placed in its vaults $637,000 of gilt-edged securities, the principal of which is to be held in perpetuity. These securities are invested in government and municipal bonds, and net an interest of a shade more than 5 per cent. Your institution is housed in a beautiful administrative home, on a site of increasing value, given to you by the citizens of a great city. Your accumulated assets in securities, valuable ground and buildings, aggregate [illegible]

The administration of this property and the expenditure of the income of the College in its important activities is accepted as a serious responsibility by your Regents. The expenditures are based on a budget system, and this in turn is based upon the income for the previous year, with a provision for a substantial margin of saving which is immediately added to the endowment fund. The budget is based on the estimated expenditures of the various departments, i.e., the hospital department, department of state meetings, the literary research department, etc., and a definite sum is appropriated for each. Each month the head of each department receives a statement from the Accounting Department of his appropriation, the amount of his current month's expenditures, and the balance of the unexpended appropriation. No department is allowed to exceed the appropriation for a given period.

FINANCIAL STATEMENT[1]

REPORT OF THE AUDITORS FOR THE PERIOD JANUARY 1, 1923, TO DECEMBER 31, 1923

Dr. C. E. Kahlke, Treasurer,
American College of Surgeons,
Chicago, Illinois.

Dear Sir: We have examined the books and records of the American College of Surgeons for the year ended December 31, 1923, and submit herewith the following statements which we certify to be correct:

Schedule "A" Statement of Income and Expenditure for the year ended December 31, 1923.
Schedule "B" List of Investments as at Decem-

The investment securities, as listed in Schedule "B," were examined by us and found to be in agreement with the records.

Respectfully submitted,

Certified Public Accountants

SCHEDULE A

STATEMENT OF INCOME AND EXPENDITURE FOR THE YEAR

INCOME

Dues	$112,077.50
Fellowship fees (one-fourth; balance credited to Endowment Fund, and invested in bonds)	14,250.00
Interest on investments	30,303.40
Interest on endowment subscriptions	4,075.80
Interest on bank balances	179.77
Miscellaneous	256.00

Only one-fourth of the Fellowship Fees billed during the year 1923 is included as income in the Statement of Income and Expenditure submitted herewith, the remaining three-fourths being credited to the Endowment Account in accordance with a resolution of the Board of Regents passed October 11, 1920.

EXPENDITURE

Hospital:		
Salaries	$33,781.62	
Traveling expense	22,516.27	
Printing and stationery	7,668.82	
Telephone and telegraph		
Postage	1,702.07	
Property expense	4,208.19	
Miscellaneous		
State meetings:		
Salaries	$17,197	
Traveling expense		
Appropriations		
Printing and stationery	3,016	
Telephone and telegraph		
Postage	863	
Property expense	2,805.48	
Miscellaneous	867	
		36,340.99
Library and research:		
Salaries	$8,411.67	
Traveling expense	499.39	
Printing and stationery	1,499.47	
Telephone and telegraph	157.51	

[1] From the Transactions of the

EXPENDITURE (Continued)

Brought Forward		$108,715.01	$101,112.53
[illegible]	$ 135.80		
[illegible]	1,402.74		
Literary research proportion borne by American College of [illegible]	4,215.00		
Appropriation for special committee on sarcoma	2,000.00		
Expense of special committee on fractures	223.16		
Laboratory research	32.60		
Miscellaneous	721.09		
		19,269.69	
Credentials and convocations:			
Salaries	$7,337.80		
Traveling expense	109.39		
Printing and stationery	3,655.77		
Telephone and telegraph	515.05		
Postage	624.24		
Property expense	1,402.74		
Fellowship certificates	2,753.49		
Latin America expense	1,247.50		
Miscellaneous	2,758.49		
		20,594.14	
Depreciation:			
Office furniture and equipment	$1,112.04		
House furniture and equipment	1,302.61		
		2,414.65	
			150,093.52
			$10,149.01
Dues charged off			1,745.00
Excess of income over expenditure			$8,404.01

SCHEDULE B

List of Investments as at December 31, 1923

BONDS	Int. Rate Per cent	Par Value	Cost
Beltrami County, Minn., Drainage	6	$10,000.00	$10,713.00
Chicotah, Okla., City of, Waterworks	6	10,000.00	11,200.00
Corinne, Utah, Drainage	6	10,000.00	10,554.00
Clarinda, Iowa, School	5	10,000.00	10,122.50
Cobham School, Surry, Va.	6	10,000.00	10,000.00
Cobham School, District	6	10,000.00	10,000.00
Deerfield Shields Township, School	4½	10,000.00	9,950.00
Fort Worth, Texas, School	5	10,000.00	9,975.00
Fentress County, Tenn., Road	5	10,000.00	10,146.25
Fresno, Calif., School	5	10,000.00	10,385.85
Fett, So. Dakota, School No. 2	5	10,000.00	10,333.64
Henderson County, No. Carolina	6	10,000.00	10,889.92
Hill County, Texas, Road	5	10,000.00	10,151.13
Hildalgo Co., Texas, Road No. 1	5½	10,000.00	10,775.50
Higginson Ark., Special School	6	10,000.00	10,000.00
Juneau Co., Wisc., Drainage	6	10,000.00	10,888.20
Jackson Co., Ark., Swifton School	6	10,000.00	10,000.00
Lewiston, Mont., Water	5	10,000.00	10,085.00
Mercer Co., W. Va., Road	5	10,000.00	10,444.67
Millard Co., Utah, Drainage	6	10,000.00	10,000.00
Ouachita Parish, La., Road No. 1	5	10,000.00	10,531.50
Ouachita Parish, La., Road No. 2	5	5,000.00	5,242.00
Roseau Co., Minn., Drainage	6	10,000.00	11,022.12
Rocky Mount, Va., Town of	5½	5,000.00	5,346.00

BONDS (Continued)	Int. Rate Per cent	Par Value	Cost
Brought Forward		$230,000.00	$238,756.28
St. Maries, Idaho, Water	5½	10,000.00	10,367.65
Salt Lake City, Utah, School	4	10,000.00	9,312.50
So. Dakota, State of, Rural Credit	5	10,000.00	9,975.00
Titus County, Texas	5	5,000.00	5,148.00
Vermillion Parish, La., Coulee, Kinney	5	6,000.00	5,663.80
Warsaw, No. Car. Water and Sewer.	6	10,000.00	10,581.76
Wautauga Co., No. Carolina	5½	10,000.00	10,530.34
Rep. of Argentine, Loan of 1897–8–9–1900 (£4,000)	4	19,466.00	9,000.00
U. S. Brazil, Loan of 1889 (£4,000)	4	19,466.00	7,825.00
Kingdom of Gr. Britain & Ireland.	5½	20,000.00	20,200.00
Chili Bonds	8	10,000.00	10,050.00
Republic of Cuba	5½	5,000.00	4,950.00
Province of Ont. Debentures	6	20,000.00	20,550.00
Province of Alberta	5	10,000.00	9,815.00
Province of Alberta Edmonton School Dist. 7	5	6,500.00	4,834.05
Province of British Columbia.	4½	10,000.00	9,312.50
Province of Saskatchewan	5	10,000.00	9,800.00
Dominion of Canada	5½	15,000.00	14,550.00
Toronto Harbor Commission	4½	20,000.00	15,633.00
City of Toronto	5	10,000.00	9,110.83
Winnipeg, Canada	5	10,000.00	9,637.50
City of Montreal, Catholic School Comm	5	10,000.00	9,837.50
Dominion of Canada	5	10,000.00	10,000.00
Province of British Columbia.	5	10,000.00	9,620.00
City of Montreal	5	5,000.00	4,816.50
City of Montreal	5	5,000.00	4,816.50
Dominion of Canada	5	10,000.00	9,900.00
City of Montreal	5	10,000.00	9,700.00
U. S. Liberty Loan 1st Issue Conv	3½	50.00	50.00
U. S. Liberty Loan 1st Issue Conv	4¼	50.00	50.00
U. S. Liberty Loan 2nd Issue Conv	4¼	10,200.00	10,200.00
U. S. Liberty Loan 3rd Issue Conv	4¼	10,150.00	10,150.00
U. S. Liberty Loan 4th Issue Conv	4¼	35,400.00	33,000.00
U. S. Liberty Loan 4th Issue Conv	4¼	10,000.00	9,832.00
U. S. Liberty Loan 4th Issue Conv	4¼	5,000.00	4,935.00
		$607,282.00	$582,510.71
STOCKS			
Fidelity Trust Co., Fremont, Nebr.		500.00	500.00
		$607,782.00	$583,010.71

Published by
American College of Surgeons
Chicago, Illinois, U. S. A.